

APPLICATION FOR:

DO NOT WRITE ABOVE THIS LINE

Name: _____

Address: _____

Telephone No: Home _____ Work _____

Name: _____

Address: _____

Telephone No: Home _____ Work _____

Name: _____

Address: _____

Telephone No: Home _____ Work _____

Name: _____

Address: _____

Telephone No: Home _____ Work _____

INCOME (Monthly)

Social Security/SSD _____

Pension (s) _____

Retirement _____

Unemployment Comp. _____

General Assistance _____

Interest/Dividends _____

Wages _____

Where Employed: _____

Occupation: _____

Other Assets:

Savings Account(s) _____

Certificates of Deposit _____

IRA's _____

Stocks/Bonds _____

Trust Accounts _____

Other _____

Do you own any property (i.e. Land or Home?)

Where: _____

Assessed Value: _____

INFORMATION ON CURRENT HOUSING:

Monthly Rent: _____

Does this include utilities: Yes _____ No _____ If No, monthly cost

Apartment on 1st or 2nd floor or higher: _____

Do you live with another family: Yes _____ No _____

Relationship to you (if applicable) _____

Do you have your own transportation? Yes _____ No _____

Bus Service Available? Yes _____ No _____

Do you live in substandard housing? Yes _____ No _____

a) Has your place of residence been condemned or verified to have serious housing code violations? Yes _____ No _____

If yes, please explain _____

b) Does your place of residence have inadequate heating, plumbing or cooking facilities? Yes _____ No _____

If yes, please explain _____

LIVING SITUATION

Are you living in a documented physically or emotionally abusive situation?

Yes _____ No _____

If yes, please explain _____

Are you living in a shelter or transitional housing? Yes _____ No _____

If yes, please explain _____

Are you living in temporary housing with other because of conditions beyond your control (i.e. condemnation, foreclosure, fire, loss of job, etc) Yes ___ No ___

If yes, please explain _____

MILITARY SERVICE

Are you a veteran of military service? Yes _____ No _____

If yes, dates of service _____

Branch of service _____

STATEMENT OF HEALTH

Are you disabled? Yes _____ No _____

Do you or your spouse use a wheelchair? Yes _____ No _____

Do you or your spouse have any special housing needs? Yes _____ No _____

If yes, what are the special needs?

Name of Doctor: _____

Address: _____

Telephone No: _____

IN CASE OF EMERGENCY CONTACT

Name: _____

Address: _____

Telephone No: Home _____ Work _____ Cell _____

Name: _____

Address: _____

Telephone No: Home _____ Work _____ Cell _____

VEHICLE INFORMATION

Do you own a car which you would continue to use if housed in this complex?

Yes _____ No _____

Year: _____ Make: _____

Model: _____ Registration Number: _____

REFERENCES

Please include two references of someone (other than family) who has known you for 5 years or more:

Name: _____

Address: _____

Telephone No: Home _____ Work _____

Name: _____

Address: _____

Telephone No: Home _____ Work _____

Comments you may wish to make in support of your application (Why do you need housing at Park Hill?)

I hereby certify that the above information is the full truth. I understand that according to State Housing Law, Section 8-116a(4), any person who make a

false statement concerning their income on said application may be fined not more than \$500.00, or imprisoned more than six (6) months or both.

By affixing my/our signature(s) to this application, the applicant(s) is (are) authorizing the East Windsor Housing Authority to conduct a complete Background, Credit and Criminal History on the above listed applicant(s).

This application shall become null and void one year from the date received.

Applicant Signature

Applicant Signature

Subscribed to and sworn before me the undersigned officer(s) this the

_____ day of _____, 20 _____

Notary Public

My Commission Expires: _____

**EAST WINDSOR HOUSING AUTHORITY
PARK HILL**

**P. O. Box 451
BROAD BROOK, CT 06016
(860) 623-8467**

RELEASE FORM FOR LANDLORD VERIFICATION

I, _____ hereby authorize the East Windsor Housing Authority to contact my landlord for verification of my tenancy.

_____	_____
Applicant Signature	Date

**East Windsor Housing Authority
Park Hill**

**P. O. Box 451
Broad Brook, CT 06016
(860) 623-8467**

RELEASE FORM FOR INCOME VERIFICATION

Dear Applicant;

Would you kindly fill in all items listed below and return to the Park Hill office with the completed application for residency.

Source of Income: _____
Employment, Social Security, SSD, State Assistance, Pension,
etc)

Name of Employer: _____

Address: _____

Social Security No: _____ - _____ - _____

If you are receiving Social Security or Pension benefits under a different Social Security number (i.e. late husband or deceased child), please indicate the Social Security Number here: _____ - _____ - _____

I hereby grant permission for my source of income (as indicated above)/employer to provide the information requested.

Printed Name of Applicant

Signature of Applicant

**EAST WINDSOR HOUSING AUTHORITY
PARK HILL**

**P. O. Box 451
BROAD BROOK, CT 06016
(860) 623-8467**

VERIFICATION OF CREDIT

I, _____, hereby authorize the East Windsor Housing Authority to perform a credit investigation, including criminal history and eviction records.

Applicant Signature

Date

Dear Applicant;

Please complete the bottom of this verification form in its entirety. All information pertaining to your credit history will be held in strict confidence. Thank you.

PLEASE PRINT

Name: _____

Date of Birth: _____

Social Security No: _____ - _____ - _____

Current Address: _____

Previous Address:

Employment: _____

EAST WINDSOR HOUSING AUTHORITY PARK HILL

**P. O. Box 451
BROAD BROOK, CT 06016
(860) 623-8467**

POLICY STATEMENT - GROUNDS FOR REJECTION

Applicants: The criteria shown are our policy on applications. The final decision by the management upon examination of all factors contained within an application; a personal interview with the applicant, a home visit may be done, an income verification made, and personal references verified. We are an **EQUAL HOUSING PROVIDER**, and no decision is made based on any criteria which would violate any state or federal regulation on discrimination.

Applications: Incomplete application, and/or false information on application.

Landlord Reference: Any one (1) major complaint from a current or former landlord is sufficient grounds to reject an application.

Court Records: The following are grounds for eviction:

- 1) One (1) eviction case for non payment or cause. If the eviction was due to reasons other than cause or non payment it may b disregarded if explained in detail and confirmed by the owner of the property.
- 2) One (1) case for property damage, disturbances, nuisance, foreclosure or other cause

Credit Reports: The following are unacceptable:

Four (4) or more 30 day delinquencies
Three (3) or more 60 day delinquencies
Any combination of 4 - 30 or 60 day delinquencies
One (1) 90 day or greater delinquency, charge off, collection, skip or civil Suit
Any repossession, tax lien or bankruptcy

No Record: A NO RECORD on a credit report may be acceptable provided applicant provides verifiable reference history (i.e. school, landlord, nom-traditional housing, IRS, 1040's, W-2's or by other means).

Arrest/Conviction Records: In general, applicants for housing will not be Considered if they have a history of criminal activity involving;

- 1) Crimes of physical violence to persons or property.
- 2) Crimes involving the illegal manufacture, sale, distribution or use of, or possession with intent to manufacture, sell, use or distribute, a controlled substance, as defined in section 21 aq-240 - or-
- 3) Other criminal acts which would adversely affect the health, safety or welfare of other tenants.

In evaluating any such information, the housing authority shall give consideration to the time, nature and extent of the applicant's (or proposed applicant(s) conduct and to factors which might indicate a reasonable probability of favorable future conduct such as evidence of rehabilitation and evidence of the willingness if the applicant, the applicants family or the proposed occupant to participate in social service or other appropriate counseling programs and the availability of such programs.

DRUG POLICY: Management has a no tolerance policy for drugs. If you are applying and have a drug arrest or conviction, we will not provide you with housing. If you are a current tenant and are arrested for drugs, we will terminate your tenancy forthwith.

CREDIT REPORTS: We obtain our credit reports from the agencies listed below. All reports are obtained by The Info*Center Inc. if you wish to see, or dispute the contents of your credit files, please contact the appropriate agency. If you are rejected based on credit, you will receive a letter explaining your rights.

RENTAL/ARREST CONVICTION REPORTS

- The Info*Center, Inc., 940 North Street Ext., Feeding Hills, MA 01030
(413) 786-7987 -or- (800)462-3033

CREDIT REPORTS

- CBI/Equifax Credit Information Service, P. O. Box 740241, Atlanta, GA 30374-2041 Telephone: (800)685-1111
- Experian (TRW) Consumer Assistance, p. O. Box 2002, Allen, TX 75002 Telephone: (888) 397-3742
- Trans Union Consumer Relations, P. O. Box 7000, N. Olmstead, OH 44070

**EAST WINDSOR HOUSING AUTHORITY
PARK HILL**

**P. O. Box 451
BROAD BROOK, CT 06016
(860) 623-8467**

INFORMATION SHEET FOR HOUSING APPLICATION

The Park Hill Elderly/Disabled Housing currently consists of eighty-four (84) units, including handicapped units, and is operated on a non-discriminatory basis in accordance with our Fair Housing Policy.

INCOME LIMITS:

Maximum income allowed for a single person occupancy is \$34,350

Maximum income allowed for a couple is \$39,250

All information on the application will be kept confidential.

All applications must be signed by the applicant, notarized and returned to the East Windsor Housing Authority at the above address with the necessary documentation.

Applicants must be physically able to live on their own and maintain an apartment.

All questions that apply to your present circumstances must be truthfully answered.

Applicants cannot specify which apartment they want to live in. A person is offered the apartment that is vacant when their name comes up. If they choose to refuse the available apartment, they are taken off the waiting list for a period of six (6) months.

This application shall become null and void one year from the date it is received

If you have any questions concerning the application, please feel free to contact the office at (860) 623-8467 between 8:00 a.m. and 2:00 p.m. Monday through Friday.